

Overview

A new program will help up to 50,000 Medicare beneficiaries who have cancer and other life-threatening diseases obtain certain drugs they can take conveniently at home.

Medicare will cover several important cancer drugs if you qualify for the new Medicare Replacement Drug Demonstration.

APPLY NOW

Call (866) 563-5386

or visit the web site

www.Medicare.gov

or

<http://www.cms.hhs.gov/researchers/demos/drugcoveredemo.asp>

How it Works

- If you are using one of the cancer drugs included in the program for the indicated condition, you may receive significant help with the costs of those drugs.
- When you are enrolled in the program, you will receive a special drug card. You may use that card to fill your prescription at a local Caremark pharmacy or you may use Caremark's specialty pharmacy mail order delivery.
- If you already have a Medicare-approved drug discount card, you may still qualify for this special demonstration project.
- The demonstration program may significantly reduce the costs of certain cancer drugs. If your income and assets are limited, you may qualify for extra help.

IF YOU ARE TAKING A
DEMONSTRATION PROJECT
CANCER DRUG, APPLY FOR THE
PROGRAM TODAY!

THE MEDICARE REPLACEMENT DRUG DEMONSTRATION

*A new program
can help Medicare
enrollees with the
costs of some
cancer drugs*

Information for patients provided by



Covered Cancer Drugs Can You Participate?

How to Apply

DRUG	INDICATION
Bexarotene (Targretin)	Cutaneous T-cell Lymphoma
Gefitinib (Iressa)	Non-Small Cell Lung Cancer
Altretamine (Hexalen)	Epithelial Ovarian Cancer
Imatinib Mesylate (Gleevec)	Chronic Myelogenous Leukemia
Imatinib Mesylate (Gleevec)	GI Stromal Tumor
Thalidomide (Thalomid)	Multiple Myeloma
Hormonal Therapy	Breast Cancer Stages 2-4 only
Anastrozole (Arimidex)	
Exemestane (Aromasin)	
Letrozole (Femara)	
Tamoxifen (Nolvadex)	
Toremifene (Fareston)	
Mesna (Mesnex)	Prophylactic agent to reduce ifosfamide-induced hemorrhagic cystitis

- You must have Medicare Part A and Part B.
- Medicare must pay first for your health care services (called the primary payer).
- You must have a signed document from your doctor explaining that you need one of the cancer drugs covered under this demonstration project for the covered health condition.
- You live in one of the 50 states or the District of Columbia.
- You do not have any other insurance that has comprehensive drug coverage (such as Medicaid, employer or union plan, or TRICARE).

1. Obtain an application by calling between 8 a.m. and 7:30 p.m. (eastern time) Monday–Friday.
 PHONE: (866) 563-5386
 TTY: (866) 563-5387
 Applications can also be printed from the Internet. Go to www.Medicare.gov and click on the link to the Medicare Replacement Drug Demonstration web site.

2. Have your doctor complete a signed document (see application).

3. Complete and submit the application.

FAX: 410-683-2933

MAIL:
 Medicare Replacement
 Drug Demonstration

c/o TrailBlazer Health
 Enterprises, LLC

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